



## District of Columbia Public Schools

Office of Human Resources  
825 North Capitol Street NE, 6<sup>th</sup> Floor  
Washington, DC 20002  
Office: (202) 442-4090 • Fax: (202) 442-5315  
www.k12.dc.us

### **REQUEST FOR RETIREMENT COMPUTATION**

**Do not complete this form if you are an employee enrolled in the 401(A) Defined Contribution Plan.**

**Request for computation should be submitted at least one (1) year prior to the proposed retirement date.**

**Complete all sections of the Request for Retirement Computation per the directions below and return to the address listed above. Please print clearly and complete your personal information as it appears on your paycheck.**

#### **I. Personal Information**

Full Name:	_____	_____	_____
	Last	First	M.I.
Address:	_____		_____
	Street Address		Apartment/Unit #
	_____	_____	_____
	City	State	ZIP Code
Home Phone:	( ) _____	Work Phone:	( ) _____
Alternate Phone:	( ) _____	Email Address:	_____
Date of Birth:	____/____/____	Social Security #:	____/____/____
Work Location:	_____	Position Title:	_____
Position Grade:	_____	Step:	_____
		Salary:	_____

#### **II. Retirement Options**

Proposed Date of Retirement: \_\_\_\_\_

Type of Retirement (please check the appropriate box):

☐ **REGULAR**

☐ **DISABILITY**

You are eligible to apply for **regular retirement** if you are:

Age **62** with **5** years of service;

Age **60** with **20** years of service;

Age **55** with **30** years of service; or

\*Any age and hired prior to 1996 with 30 years of service - *This provision applies only to the Teachers' Retirement Plan*

You may be eligible to apply **at any age** for **disability retirement** if you have at least **5 years of consecutive service** in your current retirement benefit plan.

Would you like to include a survivor annuity calculation?

☐ **YES**

☐ **NO**

What percentage would you like your spouse to receive?

(You may select a percentage from 1% to 55%) \_\_\_\_\_

**Years of service is calculated based on your DCPS employment history. If you have accrued eligible service in other ways, include that information below so that it may be calculated towards your total years of service.**

### III. Employment History

DCPS Service

From: (Month, Day, Year)

To: (Month, Day, Year)

DC Government Service

From: (Month, Day, Year)

To: (Month, Day, Year)

DC Government Service: Employment with one of the District of Columbia's government agencies

Prior Teaching Service

From: (Month, Day, Year)

To: (Month, Day, Year)

Prior Teaching Service: You may purchase up to 10 years of approved teaching service from another school district. To learn more about this option, contact the Office of Pay and Retirement at (202) 741-8660.

Military Service

From: (Month, Day, Year)

To: (Month, Day, Year)

Military Service: See summary plan description for details.

Federal Government Service

From: (Month, Day, Year)

To: (Month, Day, Year)

Federal Government Service: See summary plan description for details.

### IV. General Information

1. **Have you ever separated from DCPS?**

If applicable, provide dates when your employment with DCPS was interrupted. Be sure to include month and year.

☐ YES

☐ NO

2. If so, when?

3. **Have you ever received a refund of your retirement contributions?**

If you have ever received a distribution from your pension plan (Civil Service Retirement and Teachers' Retirement Plan) indicate the approximate date when you received the refund, the amount of the refund and whether or not you redeposited the monies into your pension plan.

☐ YES

☐ NO

4. If yes, when did you receive the refund?

5. **Have you paid back or redeposited monies that were refunded to you?**

☐ YES

☐ NO

6. **Have you ever been on leave without pay for more than six months?**

Indicate if you have ever been in a leave without pay status for more than 6 consecutive months. Leave without pay status may include medical leave, educational leave, military leave and family leave. Include the dates of the leave without pay.

☐ YES

☐ NO

7. If so, when?

#### IV. General Information (Continued)

8. Have you ever received workers/disability compensation benefits for six or more consecutive months? ☐ YES ☐ NO

9. If so, when? \_\_\_\_\_

10. Have you purchased any additional service toward retirement? ☐ YES ☐ NO  
(Please include proof of purchase)

11. If so, how much time has been purchased? \_\_\_\_\_

(Years) (Months) (Days)

I, the undersigned, have completed this form to the best of my knowledge and understand that my submission is for computation purposes only and not considered as my intent to retire from the District of Columbia Public Schools.

Employee Signature	Date

Return completed form in person to: **DCPS – Office of Human Resources**  
825 North Capitol Street NE, 6<sup>th</sup> Floor  
Washington, DC 20002

Or Via Fax: **(202) 442-5315**